

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

OFFICE USE ONLY

Certificate No. _____

Receipt No. _____

Control No. _____

Date PU/Mail _____

Issued By _____

MAIL FORM TO: **CITY OF GRAPEVINE**
CITY SECRETARY'S OFFICE
P O BOX 95104
GRAPEVINE, TEXAS 76099-9704
TELEPHONE: 817-410-3181
STREET ADDRESS: 200 South Main Street, First Floor
Grapevine, TX 76051

Number Requested

1 (One) CERTIFIED COPY X \$21.00 = _____

_____ EXTRA COPIES X \$4.00 = _____

TOTAL ENCLOSED = _____

CERTIFICATES ISSUED 9:00 a.m. – 4:00 p.m., Monday – Friday

Please make check/money order payable to City of Grapevine

Please Print

1. NAME ON RECORD _____
FIRST MIDDLE LAST

2. DATE OF DEATH _____ 3. SEX _____
MONTH DAY YEAR

4. DATE OF BIRTH _____ 5. PLACE OF BIRTH _____
MONTH DAY YEAR

6. PLACE OF DEATH Grapevine, Tarrant County, Texas 7. SOCIAL SECURITY NUMBER _____

8. MOTHER'S NAME _____
FIRST MIDDLE MAIDEN NAME

9. FATHER'S NAME _____
FIRST MIDDLE LAST

10. YOUR NAME _____
FIRST MIDDLE LAST

11. MAILING ADDRESS _____
STREET ADDRESS CITY STATE ZIP

12. TELEPHONE NO. _____ HOME ☐ OFFICE ☐
(MON - FRI 8 A.M. - 5 P.M.)

13. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____

14. PURPOSE FOR OBTAINING THIS RECORD _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.
(HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

SIGNATURE OF APPLICANT

DATE

DRIVER'S LICENSE NUMBER

MAIL REQUESTS MUST PROVIDE COPY OF PICTURE I.D.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-3, 8 AND 9), RELATIONSHIP (ITEM 13), AND PURPOSE (ITEM 14) BE PROVIDED IN ORDER TO ISSUE RECORD. (10/09) DeathApplication